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	CLAIMS ONLY	Application Number  Applicant(s)  Filing Date
	CLAIMS AS FALED AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend  1 2 3 4 5 6 6 7 7 8 9 9 10	* May be used for additional claims or amendments    Indep   Depend   Indep   Depend   Indep   Depend
	11	61 62 63 64 65 66 67 68 69 70 71 72 73
	24 25 26 27 28 29 30 31 32 33 34 35	74 75 76 77 78 79 80 81 62 83 84
	36 37 38 39 40 41 42 43 44 45 46 47 48	86 87 88 89 90 91 92 93 94 95 96
	49 50 Total Indep Total Depend Total Claims	99 100 Total Indep Total Depend Total Claims
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